



STATE
OF
GEORGIA

Application for RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

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1. Application Date 4-17-73	INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE	
2. Agency Application No. DHR-F-13		Date Received MAY 8 1973	Date Completed MAY 11 1973
3. AGENCY, Division, Subdivision & Administering Office Address Department of Human Resources Assistance Payments Section - Room 406-S 47 Trinity Avenue Atlanta, Georgia 30334		4. Person to Contact Mrs. Rose Farrell	
		5. Working Title Caseworker Supervisor	6. Tel. No. 656-4366

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series 1967 - present	9. Exact Series Title Public Assistance Correspondence File (In-State)
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10. What is the function of the office in which this record series is created?

The Assistance Payment Section, headed by the Supervisor, is responsible for the administration and supervision of the Categorical Public Assistance Programs (AA, AB, AD, and AFDC), and Food Programs for the State of Georgia.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to the request, by recipients of the various Public Assistance Programs in the State, for information on these programs. This includes various types of correspondence. File is arranged alphabetically by name of requestor.

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers		Cu. Ft. of Records	
	Letter-size File Drawers				In Office(s)	In Storage Area(s)	
Legal-size File Drawers			Floor Space Occupied (Square Feet)				
				This Year's	Last Year's	Preceding Year's	All Prior Years
			AVERAGE DAILY REFERENCES				

QUESTIONNAIRE Place an "X" in the proper column. If answer is "YES," please explain

YES NO

13. Is this the Record Copy of the series? ☒ [X] ☐ []
14. Is there a duplication of this series in another office or agency? ☐ [] ☒ [X]
15. Is the information contained in this series ever summarized or published?
Attach copy of summary or publication. ☐ [] ☒ [X]
16. Does the series contain classified information requiring security handling? ☐ [] ☒ [X]
17. Does the series initiate, amend or terminate agency policies and procedures? ☐ [] ☒ [X]
18. Could the function be performed if the files were lost or destroyed? ☒ [X] ☐ []
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ [] ☒ [X]
20. Does the record series provide data as input to an EDP file? ☐ [] ☒ [X]
21. Does the record series contain documentation produced as EDP printout? ☐ [] ☒ [X]
22. Has the Federal Government issued instructions governing the retention/disposition of these files? ☐ [] ☒ [X]
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ [] ☒ [X]

24. REQUIREMENTS. The following requires the files to be kept 1 years:

- a. ☐ [] STATE LAW b. ☐ [] STATUTE OF LIMITATION c. ☐ [] AUDIT PERIOD d. ☐ [] FEDERAL LAW e. ☒ [X] ADMINISTRATIVE DECISION f. ☐ [] HISTORICAL VALUE
(Cite Law, Statute, or other reason for the retention requirement)

Mrs. Rose Farrell, Supervisor of Unit

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☒ [X] CALENDAR YEAR ☐ [] FISCAL YEAR ☐ [] OTHER _____, then:

- ☐ [] Hold in the current files area _____ month(s)/ 1 year(s):
- ☐ [] Transfer to ☐ [] State Records Center ☐ [] Local Holding Area; hold _____ year(s):
- ☒ [X] Destroy.
- ☐ [] Transfer to State Archives for permanent retention.
- ☐ [] Destroy immediately after cut-off.
- ☐ [] Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>James M. Hawn</i>	4-30-73		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	<i>Estelle H. Grech</i>	4/30/73
	State Auditor/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	<i>William M. Dixon</i>	5-10-73
STATE RECORDS COMMITTEE	Secretary of State/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	<i>Carroll West</i>	5-7-73
	Attorney General/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	<i>M. J. Thell</i>	5-10-73